

United States District Court

Worcester
Joseph Marion Head Junior

Plaintiff

DISTRICT OF

MASS.

IN CLERK'S OFFICE

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

U.S.A. and N.C., America
Winn

Defendant

CASE NUMBER: *04-40103*

Joseph Marion Head Junior

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

See Court Records

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration *Fed. Med. Center, Dorems*

Are you employed at the institution? *YES* Do you receive any payment from the institution? *YES*

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

Fed. Med. Center, Dorems, See Prison Records, As To Amount of Pay, Etc.

- b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

Money From a Brother - Amount, See Prison Records, Money Earned on Institutional Job, F.M.C. Dorems

AO 240 (1/94)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No
 If "Yes" state the total amount. See Prison Records and Ct. Records.
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No also See Prison and Ct. Records
 If "Yes" describe the property and state its value. Fed. R. 57 Civ. Proc. applies.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

I declare under penalty of perjury that the above information is true and correct.

June 8th, 04 Joseph Marion Head Junior (17549-056)
 DATE SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 17.58 on account to his/her credit at (name of institution) the Federal Medical Center Devens, MA. I further certify that the applicant has the following securities to his/her credit: N/A

I further certify that during the past six months the applicant's average balance was \$ 107.64

6/9/2004
 DATE

C. L. Quanno / C. Quanno Case Manager
 SIGNATURE OF AUTHORIZED OFFICER